

# C. EVERETT KOOB, M.D.

When his "conservative" views turned out to mean a crusade against AIDS and a call for sex education in elementary schools, his friends deserted him, his critics applauded him, and America discovered it had an independent, extra-strength Surgeon General.

---

Interview  
by Ken Kelley

*Parenting Magazine*

Ever since C. Everett Koop rose to prominence in the 1960s as a pediatric surgeon at Philadelphia's Children's Hospital, his name has been linked with the "pro-life" movement. Long before he went to Washington, Koop was an outspoken opponent of abortion, praised by diehard conservatives and by Ronald Reagan, who nominated him as Surgeon General in 1981.

No sooner had Koop taken office—he is now in his second four-year term—than the AIDS epidemic exploded in headlines and hospitals across the country. Rising to the occasion, the Surgeon General called for intensive medical research to combat the disease, new and improved curricula for sex education in schools, and genuine compassion for all AIDS victims, especially children. To the chagrin of many of his ultraconservative supporters, he has helped redefine what it means to be "pro-life" in the 1980s.

When interviewer Ken Kelley met with Koop, now 71, in his suburban Maryland office, their conversation ranged from child abuse and teenage suicide to family discussions of sex and how the Surgeon General handled those matters with his ►

own children and grandchildren. True to form, Koop was blunt, unabashed, and not without humor.

PARENTING: You're the most famous Surgeon General in history—

KOOP: That's not a compliment [laughs]. Nobody knew who they were before.

PARENTING: That's true—Luther Terry, who released the famous 1964 report about smoking and cancer, was probably the only Surgeon General the American public had ever heard of until you were appointed. Yet you've turned your office into what Teddy Roosevelt would have called a bully pulpit. Did you expect to be doing that when you took the job?

KOOP: No, but AIDS came along, and that terrible plague has begun to consume me. It's changed my life. It's changed the way I operate.

PARENTING: How do you operate? How would you describe your job?

KOOP: I sort of stand at the midpoint of the hourglass between the public on the one end and the government on the other. What I have become, I think, is a representative of the government to the people. I advise people on things that are valuable to know in reference to health promotion and disease prevention. I see myself as an advocate for all classes of people, from young children to the elderly. I am an advocate for handicapped kids, and because of my concern about children and violence, especially domestic violence and child sexual abuse, I am beating the drum on violence as a public health issue.

PARENTING: Sounds like law enforcement.

KOOP: I'm not just concerned with tracking down perpetrators. I'm also very concerned about people who are falsely accused of child sexual abuse, people whose lives are ruined because of false accusations: for instance, a divorcing parent who has decided that the way to get custody of the children is to say, "My husband—or my wife—abused our children." It's become a terrible problem.

PARENTING: Another terrible problem you have to deal with is the increase of AIDS among kids.

KOOP: Yes. When a child has the AIDS virus, the course of the disease seems to be much more rapid than it is in an adult. Pediatric AIDS has hit two groups of youngsters: One group is those who have received the virus from a blood transfusion, or from blood products such as the clotting agent administered for hemophilia. Those kids are relatively few, and fortunately, the blood supply is safe now, and so is

"I'm also very concerned about people who are falsely accused of child sexual abuse, people whose lives are ruined because of false accusations."

the clotting factor.

The second group—and they present the greater challenge to us now—is babies who are born with AIDS, almost all of whom have at least one parent who is a drug abuser. Although their number is relatively low—now fewer than 700—it represents two problems. One, the cases are actually underreported; it is difficult to separate AIDS from so many other childhood diseases early on, because the first symptoms are just weight loss, low-grade fever, swollen glands, that sort of thing. And two, we know that because the burgeoning of cases is most prominent now in the drug-abusing population in the major cities, the pediatric problem is *not* going to go away. Not only are the youngsters born with two handicaps—parents who are drug addicts and AIDS—but, because of the irresponsibility of their parents, the youngsters are abandoned in hospitals.

PARENTING: The "boarder babies"?

KOOP: Yes. They board till they die. Even foster mothers who make their living by caring for kids who have been rejected because of other physical handicaps are

themselves *afraid* to deal with these children because there are so many myths about how the disease is transmitted.

I held a workshop on pediatric AIDS in Philadelphia last April, and one of the major findings was the need for some type of hospice care for these youngsters. In New York, the Hale House for Infants has already done that—they've been taking in babies born to drug-addicted women since 1969—and several other institutions around the country are talking about doing it. That is very gratifying.

PARENTING: To care for these kids will cause a huge drain on local economies. Where will the money come from?

KOOP: It stands to reason that cities like San Francisco and Newark and New York will not be able to foot the bill alone, and you can't expect their state governments to fill the gap. So there's got to be federal help.

Insurance is very much a part of this. States have taken diametrically opposite stands on insurance: Some have protected the insurance companies to the detriment of patients, and others have protected patients to the detriment of insurance companies. And that's bad, because you can't have bankrupt insurance companies. There's *got* to be some big, long-term plan for risk sharing, because AIDS is going to be with us a long time.

PARENTING: What can be done to protect the kids with

## FROM PRIVATE PRACTICE TO PUBLIC SERVICE

hemophilia who have tested positive for the AIDS antibody and get shunned by their peers and their community?

KOOP: I wish I knew the answer. Those children haven't done anything bad. I put this as succinctly as I could in my Surgeon General's report—that each one of these children who has contracted AIDS has to be treated as an individual—and I think if you look at the case of little Ryan White in Kokomo, Indiana, you see the whole story. First, he was shunned and there were riots in the school. Then everything settled down. Then he got so sick he couldn't go to school, and then he went on AZT [the FDA-approved AIDS drug that apparently slows the progress of the disease]. Now he's moved to Cicero, Illinois, and he's *accepted*: On his first day at school, only 17 out of 600 kids stayed home. That shows an enlightened community. But it took two years for Ryan to get to that point.

PARENTING: Given that, what would you say to parents whose hemophiliac kids have to contend with the AIDS stigma on a daily basis?

KOOP: Even the Hemophilia Foundation agrees with me on this: The children should *not* be tested, because it's so difficult to guarantee confidentiality. Once confidentiality goes, discrimination sets in. My advice to those parents is to keep very closely in touch with the physicians who handle their children's hemophilia and keep the whole situation a closed secret. I met a young kid recently who thanked me for the position I had taken on AIDS. He said, "No one here knows I'm a hemophiliac and if I were to let that out, everyone would assume I have AIDS, and where would I be then?"

PARENTING: You've been quite outspoken about dealing with the myths of AIDS transmission, and perhaps your most controversial stance as Surgeon General has been your call to instruct grade-school children about safe sex. Why did you feel compelled to speak out?

KOOP: Well, I'm a health officer, and I'm confronted with an epidemic the likes of which we've never had in this country. AIDS is a sexually transmitted disease, apart from the cases caused by use of intravenous drugs, and therefore you *have* to educate children about the prevention of AIDS if you are going to protect them. And there's no reasonable way you can do that unless they understand their own sexuality.

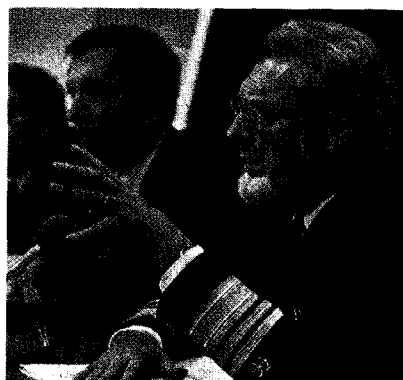
PARENTING: Doesn't that open the proverbial Pandora's box?

KOOP: I know that many sex education curricula in days gone by were not the kind of thing parents wanted. I'm convinced that if enough parents are teaching their children the same things, and the values they teach are reinforced in the schools, then what could result down the road is a group of kids who will be sexually abstinent until monogamous.

I've always decried sex education that merely described sexual technique and failed to impart the sense of responsibility and morality that should accompany sex. It would be nice to get a less divisive term for it: Instead of sex education,



**Above and left: In 1974, Dr. Koop, then surgeon-in-chief at Philadelphia's Children's Hospital, headed a 23-member team that separated a pair of 13-month-old Siamese twins born in the Dominican Republic. Below: At a news conference 13 years later, Surgeon General Koop leads the crusade for AIDS education.**



PHOTOGRAPHS AP/WIDE WORLD PHOTOS

**Right: Koop has testified several times before Congress, stressing his opposition to discrimination against AIDS patients. Below: Koop congratulates a winner of the 1986 National Safety Poster Contest. Bottom right: Koop catches up with one of the Siamese twins he helped separate 13 years ago.**



# "I have never advocated education about AIDS in the lower grades."

it could be called developmental studies, or studies in human development.

PARENTING: Should third graders be learning about AIDS?

KOOP: I have *never* advocated education about AIDS in the lower grades. Depending on the child's developmental age, rather than his chronological age—between, say, sixth grade and ninth grade—you introduce the problem of AIDS. But I don't think it has to be frightening.

PARENTING: How could it not be?

KOOP: Early in a child's life, he cuts his finger and his mother says, "Let's put a Band-Aid on that so you don't get an infection." So, early on, he knows there's something out there in the environment that could get inside him that's not good for him. He gets a little older and sneezes on his grandmother, and his mother says, "Don't do that, you'll give her your cold." So he knows: "I've got something in me that can go to my grandmother when I sneeze." When you've taught children about infection early on, it's not that much of a leap, when they get to be preadolescent, to then say, "You've heard about the sexual behavior of people, and that's another way you can transmit a disease, and unfortunately one of those diseases is called AIDS and it has no cure."

PARENTING: Back to the starting point: How early should parents start talking to their kids about sex?

KOOP: As soon as a youngster starts to ask questions. I believe that the responsibility and the privilege of sex education is the parents'. The very first thing parents can do is answer the questions their children ask, and answer them truthfully, *when* they ask them. Kids from two to six want to know two things: Where do babies come from, and why do I look different from my brother or sister? Tell 'em. From six to nine, they rarely ask questions about sex, and at nine, they suddenly are very sophisticated. And they will never ask any more than they want to know. Children will ask about where babies come from, but just when they seem ready to ask about sexual intercourse, frequently they will drop the subject.

PARENTING: Do you think that sex education puts an extra burden on the school systems?

KOOP: I think parents, particularly working couples, have shifted a lot of responsibilities to the schools for all types of education. And then the parents are upset that the education isn't just what they want. I think that's an abrogation of parental responsibility. It doesn't take an awful lot of time to do the things we're talking about, and I think parents and schools should work together. There are a tremendous number of new sex education curricula coming out.

PARENTING: Such as?

KOOP: One is called Sex Respect, and it's unique in several ways. The kids have a textbook, the teacher has the manual, but the parents get a syllabus—one for Catholic children and one for Protestant children—so they can reinforce, or correct, anything taught in school that is outside their own system of beliefs.

PARENTING: Let's talk about your own children. You have two sons and a daughter. How did you handle sex education for them?

KOOP: Well, my wife and I always answered questions. And when they got to ages where they were going to start to do

new things, and meet new people, and run into new information, my wife and I began to discuss topics that we thought our children ought to know about.

PARENTING: Did you do a good job of it?

KOOP: Looking back, and having talked with them about it since, we were almost as late with our children as my parents were with me. My father chatted with me when I was well into adolescence, and I remember saying to him, "You don't have to go any further, Dad, I know all about that." My wife and I talked to our kids about sex when they were young, but not young enough.

PARENTING: You have seven grandchildren now. Do you talk to your kids about how they talk to *their* kids about sexuality?

KOOP: My grandchildren range in age from 5 to 17, so they've been my little laboratory. And each of them is quite different. I have two grandchildren of almost the same age, different sets of parents. One is much better able to absorb the story about AIDS than the other. That's why I stress developmental readiness over chronological readiness for AIDS education.

PARENTING: Getting back to your job: In terms of politics, the extreme right-wing senator from North Carolina, Jesse Helms, was a big backer of your appointment.

KOOP: He still is. He and I are good friends. Jesse's a consummate politician, but we never have any problems.

PARENTING: When you had a testimonial dinner a few months back, almost all of the Republican luminaries invited dropped out at the last minute because of your stand on AIDS—

KOOP: But Jesse didn't. Orrin Hatch certainly did.

PARENTING: Do you see it as any kind of contradiction that Jesse Helms comes from one of the biggest tobacco-producing states, and he's a big protector of government price supports for tobacco producers, and one of your main campaigns is antitobacco, especially anticigarettes?

# "My wife and I talked to our kids about sex when they were young, but not young enough."

KOOP: He was asked this question when he ran for the Senate last time, and his response was, Dr. Koop is a reasonable physician, and all reasonable physicians know that smoking is not good for your health, but Dr. Koop has always separated health issues from price supports.

PARENTING: It looks like a contradiction to me. You've taken a tough stance on smoking in general, and recently you issued a report about the detrimental effects of "passive smoking" on kids. How dangerous is it?

KOOP: It's a real issue. Passive smoking has been demonstrated to produce disease—and that includes lung cancer—in non-smokers. We know that youngsters who are exposed to one or two smoking parents have more respiratory infections; they have more diagnoses of bronchitis and pneumonia. The evidence is clear. Parents who want to protect the health of their children should not smoke.

The other thing that your readers should know about is the prenatal effects of smoking. These are very well demonstrated. Not only does nicotine cause contraction of the blood vessels in the umbilical cord, but there's enough carbon monoxide in tobacco smoke so that the red cells pick it up preferentially to oxygen. Hence there is a dramatic reduction in oxygen supply for the baby. And we know that women who smoke have a much higher incidence of still-born babies and also of low-birth-weight babies, who get off to a much slower start in life.

PARENTING: Let's discuss another issue. There's been a dramatic increase in teenage suicide in recent years. What can you teach kids in their early years so they won't feel so desperate?

KOOP: I've talked to lots of desperate teenagers, and the thing they want most is a close relationship with understanding parents. Two good words there—close, and understanding. The combination of the two is essential.

PARENTING: Another issue on which you've been attacked is your advocacy of the use of condoms as a backup to sexual abstinence. In your talks with teenagers, do you discuss this?

KOOP: Yeah. I'll talk to them all about abstinence and monogamy, but I also *have* to tell them, "If you're not going to listen to those two good health messages, then you have to protect yourself, unless you are absolutely certain about your partner."

PARENTING: How can you be?

KOOP: That's exactly what I say. The only way you can protect yourself is to use a condom. It is *not* 100 percent safe, but condoms are a lot safer than the people who use them. The statistics you read about condoms are always based on

birth control, not on transmission of disease. If condoms had just now been invented to prevent sexually transmitted disease, we wouldn't have nearly the controversy we have today. Many people are so concerned about contraception that the word *condom* is anathema to them because it's linked with birth control and teenage pregnancies.

PARENTING: Are you talking about the Roman Catholic church?

KOOP: Yes, but they're not alone. A lot of the "pro-life" people who are anti-abortion are also anticontraception.

PARENTING: And you're not one of them—

KOOP: I'm not anticontraception at all.

PARENTING: Suppose a woman came to you who wanted to abort her baby. What would you, as a physician, tell her?

KOOP: I'm opposed to abortion, period.

But I think women should be able to have counseling about abortion—this is where I've been misunderstood in the media. I think women should be able to have counseling about *anything*, if they seek it. In the old Hippocratic oath—which nobody takes anymore—it says, in the English translation of the original Greek, "I will not suggest abortion." I don't suggest abortion. But if someone were to come to me and say, "I know you're anti-abortion and I'd like to hear the other side. Can you refer me to somebody who will discuss it?"—I don't think I'd have the right to say no, to refuse to do that. That's *not* medicine.

PARENTING: You were appointed by President Reagan because of your anti-abortion stand. Did it surprise you that your public positions on sex education alienated some former supporters?

KOOP: It did surprise me. In fact, it angered me, because I haven't changed. I'm a pretty steady person. Everything I've done about AIDS or smoking or child abuse has been marked by honesty and forthrightness. You mentioned abortion. I haven't changed my views about abortion at all. But a lot of conservatives today want you to adhere to every plank in their platform. In addition to that, I think a lot of my critics don't understand that as a health officer, I am responsible for delivering health messages to *everybody*—not just to people who adhere to a particular social concept that I might have. I am the Surgeon General for the old and the young, the rich and the poor, the black and the white, and the moral and the immoral, people you like and people you don't like. That's my job: I've got to talk to everybody. □

Ken Kelley interviewed Mike Smith, dean of education at Stanford, for the September issue of *Parenting*.